

RECEIVED 001/031  
CENTRAL FAX CENTER

AUG 13 2004  
OFFICIAL

Certificate of Facsimile Transmission

I hereby certify that this correspondence is being facsimily transmitted to (703) 872-9306 at the United States Patent and Trademark Office on August 13, 2004.

  
Jinrong Li

*See Only*

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: Mamoru NAKASUJI, et al.

Group Art Unit: 2881

Serial No.: 09/891,511

Examiner: Berman, Jack I.

Filed: June 27, 2001

P.T.O. Confirmation No.: 8779

FOR: INSPECTION SYSTEM BY CHARGED PARTICLE BEAM AND METHOD OF  
MANUFACTURING DEVICE USING THE SYSTEM

AMENDMENT UNDER 37 C.F.R. §1.116  
- EXPEDITED RESPONSE -

Mailstop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

August 13, 2004

Sir:

This is in response to the Final Office Action dated May 13, 2004.

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 24 of this paper.

08/26/2004 GSTANLEY 00000002 502866 09891511

01 FC:1201 172.00 DA

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

9-891511

**CLAIMS AS FILED - PART I**

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

8/25/04 **CLAIMS AS AMENDED - PART II**

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	N.E.	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	54	Minus ** 110 =
Independent	*	15	Minus *** 13 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	172
+290=	
TOTAL ADDIT. FEE	172

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	